24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	C C00448696
	<u> </u>
Check if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination
	01 11 2014
Mailing Address PO Box 388	Amount
City State Zip Code	723.75
Alexandria VA 22313-0388	Transaction ID : E1A44BEE912D54F79A0F Date of Disbursement or Obligation
Purpose of Expenditure IE-Maness-Online Processing Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Robert L Maness Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For:
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination
	01 18 2014
Mailing Address PO Box 388	Amount
City State Zip Code	250.10
Alexandria VA 22313-0388	Transaction ID: EF95B7D16865A4E71B68 Date of Disbursement or Obligation
Purpose of Expenditure IE-Maness-Online Processing Category/ Type	01 18 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Robert L Maness Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	973.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	01 31 2014
Signature	